



Message from Alliance for Retired Americans Leaders

Take Action: Tell Congress to Oppose Fiscal Commission Legislation



Robert Roach, Jr.
 President, ARA

Social Security and Medicare could be on the chopping block, and it is important that you **contact your Representative**

and Senators now to prevent that from happening.

Reps. Bill Huizenga (R-MI) and Scott Peters (D-CA) in the

other legislation calling for a "fiscal commission."

"Alliance members make a difference when they join together and take action," said **Robert Roach, Jr., President of the Alliance**. "Now is the time to do that."

North Carolina Alliance is Looking for Help to Fight Voter Suppression

Alliance members across the country are fighting back against voter suppression laws. Under North Carolina law, any voter

who moves within a month of an election cannot vote at their current (new) address. The North Carolina Alliance is trying to invalidate this illegal law – and we are looking for voters who may be personally affected. If you or someone you know is moving to North Carolina in February or October 2024 please reply to this email or click and fill out **this form**.

"Older Americans take the right to vote seriously," said **Richard Fiesta, Executive Director of the Alliance**. "We will fight attempts to keep our voices from being heard at the ballot box wherever we see them."



Rich Fiesta,
 Executive Director, ARA

Programs Stress the Importance of Conversations Between Older and Younger Generations
 Researchers have long been

aware that intergenerational conversation can improve health and well-being. A recent New York Times **story** on the subject highlighted the continued importance of fostering closer relationships between older and younger Americans.

Age separation has steadily increased in the United States due in part to earlier retirements, housing that is segregated by age, and a decline in religious membership and traditional social organizations. In addition, some industries like advertising, entertainment, and technology are populated almost solely by younger people.

Breakdowns in intergenerational contact have taken a documented toll on older people's health. Negative attitudes about aging are known to increase risks of cardiovascular events like strokes and heart attacks, along with an escalation of depression and anxiety. On the other hand, positive attitudes toward aging often **result** in better memory and hearing, longevity, and physical function.

One example of successfully addressing the breakdown can be found at Miami University, which is bringing people of different ages together with their "Opening Minds Through Art" (O.M.A.) program, designed to foster intergenerational understanding. This semester, about 70 pairs have enrolled in the video program. Another 73 students engage in O.M.A.-sponsored arts activities with people who have dementia at a nursing home, an

adult day program and a senior center. There are thousands of similar programs across the country..0\

"It is rewarding to see intergenerational relationships flourish," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**. "Older Americans have a lot of experience to share with younger generations, and better attitudes toward aging benefit all of us."



Joseph Peters, Jr.
 Secretary
 Treasurer ARA

Webinar Outlines Key Legislation and Priorities for Seniors

Alliance members tuned in Thursday for the Alliance's "2024 Legislative Outlook and Key Priorities for Retirees" webinar. The interactive one-hour event detailed this year's retirement security legislative outlook and included a presentation by **David Simon, Legislative Representative with the Alliance**.

Powerpoint slides highlighted upcoming deadlines to fund the federal government; information about the **Fiscal Commission**; legislative threats and opportunities involving issues important to older Americans; and Social Security protection and expansion opportunities.

The webinar also covered Medicare and Medicaid expansion and Inflation Reduction Act drug price benefits that have been implemented. **Click here** to see the video of the presentation if you were unable to join us.



House and Sens. Joe Manchin (D-WV) and Mitt Romney (R-UT) in the Senate have introduced bills to create a "fiscal commission." The commission would be tasked with recommending cuts to programs like Social Security and Medicare with no amendments or proper debate. There is no requirement that the commission's deliberations would be open to the public, allowing politicians to fast-track cuts to these critical benefits behind closed doors.

Send a message to your members of Congress by clicking here to demand that they oppose H.R. 5779, the Fiscal Commission Act; S. 3262, the Fiscal Stability Act; and any

ADD
 YOUR
 NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

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Unhappy with your Medicare Advantage plan? There's time to switch but also rules to know.

About half of Medicare Advantage beneficiaries jump ship from the Medicare Advantage program they initially enrolled in after five years.

If you're enrolled in a Medicare Advantage plan, it's time to decide if you want to make a change to your coverage.

The federal government offers two enrollment periods every year for switching plans. Right now, Medicare Advantage enrollees can switch plans or transfer to traditional Medicare during the open enrollment period ending March 31. You cannot, however, switch from original Medicare to a Medicare Advantage plan. That **enrollment period pops up in the fall**.

Changing plans isn't just for cranky consumers. It's a common thing. **About half of Medicare Advantage beneficiaries jumped ship** from the Medicare Advantage program they initially enrolled in after five years, according to a study published in

the JAMA Health Forum.

Most of those enrollees switched to another Medicare Advantage plan rather than traditional Medicare. Only a fraction, 15%, moved to the traditional Medicare program, according to the report.

"This was surprising to us because generally in the past we've thought that enrollment in Medicare Advantage plans was pretty sticky and that once you pick the plan, you kind of stay there forever," David Meyers, an assistant professor at the Brown University School of Public Health and one of the researchers, told Yahoo Finance. "But there's more movement within the program than previously realized."

'Restrictive' plans

The researchers hypothesize that it largely has to do with access to healthcare providers.

"When you pick your plan, your provider network isn't



locked in with it," Meyers said. "As people get older and develop more complicated health needs that require seeing a wider range of providers, or maybe a specialist that isn't included in the initial network, they find the plan ends up being more restrictive than they had thought."

I bring this up because I've been hearing from an increasing number of retirees on Medicare Advantage who feel trapped in their current plans.

The big reason they complain is just what Meyers mentioned — the angst when a specialist they've been referred to isn't part of their Medicare Advantage plan network. The delay in getting the authorization is frustrating or simply doesn't happen. To push back on Medicare Advantage plans that make serious usage of **prior authorization** before approving care, the **Department of Health**

and Human Services **announced new rules** that will require insurers to rule on prior authorization requests more quickly and to publicly report their performance. However, the change won't officially start to take effect until 2026, so it doesn't help those looking for a new plan today.

"When a doctor says a patient needs a procedure, it is essential that it happens in a timely manner," HHS Secretary Xavier Becerra said in a news release. "Too many Americans are left in limbo, waiting for approval from their insurance company."

This new timeframe for standard requests is expected to cut current decision timeframes in half, according to an HHS spokesperson. The rule also requires a specific reason for denying a prior authorization request, which will help streamline resubmission of the request or an appeal when needed.

Seniors See Spike in Costs for Medicare Insurance Supplements

Seniors are feeling a hard financial hit as prices for **Medicare insurance supplements** climbed in January.

The producer price index for these premiums was at 170.136 in January, up from 167.268 in December. All throughout 2023, Medicare insurance supplements stayed roughly the same, hovering between 166 and 167.

Seniors sometimes pay for Medicare premiums for Part A, B, C or D coverage, with the specific amount varying based on age, health, income and Social Security benefits.

The price uptick in January largely came down to growing healthcare costs, from medical services and treatments to prescription drug price surges, which all affect insurers' premiums. In a typical year, Medicare insurance supplements can rise a few percentage points, but current **inflation** can make these price changes more difficult for the average senior to sustain.

The sheer number of seniors entering into Medicare plans can also contribute to these higher costs, Rhianna Jones, a Registered Nurse at CanXida, said.

"As the population ages and the number of seniors enrolled in Medicare increases, the demand for Medigap plans also rises," Jones told *Newsweek*.

When changes in your health status pop up, that could also see premiums shift at a larger scale to be more expensive.

No matter the exact reason for seniors' growing Medicare supplement costs, those on fixed incomes will feel it the most, with many likely to be forced between choosing to pay for healthcare or other essentials like groceries and housing.

"Rising premiums might result in some seniors reconsidering or dropping their Medigap coverage, potentially limiting their access to certain healthcare services or increasing out-of-pocket expenses," Jones said.

If seniors do end up deciding to go without, many could end up without essential lifesaving treatment in the long run.

"The impact on seniors will be the financial strain and burden that it puts on them," Lisamarie Monaco, the co-owner of InsuranceForBurial.com and an



independent life insurance sales agent, told *Newsweek*. "It will also affect and deter seniors from accessing Medigap coverage altogether. This will be detrimental especially if they need medical care, they will be reluctant to go see their doctors due to the costs."

As more **Baby Boomers** retire, the aging population has become increasingly critical of the Medicare insurance options, including Medicare Advantage, which often boasts lower premiums but hidden difficulties in finding your top choice care provider or treatment approval.

Roughly 4.1 million Americans will turn 65 this year and every year through 2027, an Alliance for Lifetime Income report found, which indicates even more seniors starting Medicare coverage.

"Many of those new retirees are seeing Medicare is not a complete solution to their post-working life healthcare costs, and that increased demand paired with rising costs for labor, equipment, and medication are behind the most recent jump in price,"

financial literacy instructor Alex Beene told *Newsweek*.

Beene said, just like car or home insurance, you should shop around to see which provider in your area offers the most affordable option to meet your needs."

Traditionally, the cost of your medical policy will depend on which one you purchased initially, with some increasing in price based on the age you are, and others determined by the age you were when the policy was issued.

"The fact remains, the costs are going up because the cost of healthcare is going up each year at a rate higher than natural inflation," Kevin Thompson, a certified financial planner and founder and CEO of 9i Capital Group, told *Newsweek*.

He added that Medicare supplements tend to be more predictable over time, meaning any stark change can be a shock to seniors' living situations.

"Seniors are more susceptible not to price increases, but shock price increases which can utterly decimate those on a fixed income," Thompson said.

Social Security's 2025 Cost-of-Living Adjustment (COLA) Is on Track to Be a Good News/Bad News Situation

Beneficiaries may have mixed feelings come 2025 following three years of above-average cost-of-living adjustments (COLAs).

As of January, more than 50 million retired workers were bringing home an average monthly Social Security benefit of \$1,909. While **Social Security checks** aren't making retirees rich, they're helping to pull more than 15 million seniors aged 65 and over out of poverty each year.

Furthermore, an overwhelming majority of retirees lean on their monthly payout to make ends meet. More than two decades of annual surveys from national pollster Gallup have found that between 80% and 90% of then-current retirees need their Social Security benefit, in some capacity, to cover their expenses.

Considering how vital Social Security is to the financial

foundation of aging Americans, there's arguably no event more anticipated each year than the **cost-of-living adjustment (COLA) reveal** by the Social Security Administration (SSA).

What is Social Security's COLA, and how is it calculated?

Social Security's cost-of-living adjustment is best thought of as the tool used by the SSA to ensure beneficiaries don't lose purchasing power to **inflation**. This is to say that if a commonly purchased basket of goods and services increases in price, Social Security checks should, in an ideal world, rise by the same percentage to ensure beneficiaries can still buy those same goods and services. COLA is the mechanism designed to make that happen.

Before 1975, Social Security's



COLAs were **arbitrarily passed along by special sessions of Congress**. In fact, beneficiaries went an entire decade in the 1940s

before the very first COLA was passed in 1950. Since 1975, the program's COLA has been calculated annually using the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W).

The beauty of the CPI-W is that it has **eight major spending categories** and a boatload of subcategories, all of which have their own respective weightings. The advantage of everything having a specific weighting is that it allows the CPI-W to be whittled down to a single figure each month, which makes comparing month-over-month and year-over-year moves in the price of a *large* basket of goods and services a breeze.

What's unique about Social Security's COLA calculation is that it **only factors in CPI-W readings from the third quarter (Q3)** -- we're talking July through September. While the other nine months of the year are reported by the U.S. Bureau of Labor Statistics (BLS), they don't factor into the COLA calculation.

If the average CPI-W reading from Q3 of the current year is higher than the average CPI-W reading from Q3 in the previous year, inflation has occurred and beneficiaries will receive a larger payout in the upcoming year. The amount of the benefit increase is simply the year-over-year percentage difference in the average Q3 CPI-W readings, rounded to the nearest tenth of a percent....**Read More**

Issue Brief Outlines Expected Drug Savings for Millions Under the Inflation Reduction Act

KFF has released a **new issue brief** previewing expected savings for millions of Medicare Part D enrollees starting in 2025 due to provisions in the Inflation Reduction Act of 2022 (IRA). As of January 1, 2024, Part D enrollees are **no longer required to pay 5% coinsurance** after they reach what is called "**catastrophic coverage**." For all Part D plans, enrollees enter catastrophic coverage after they reach \$8,000 in out-of-pocket (OOP) costs for covered drugs.

Starting in 2025, OOP drug costs will be capped at \$2,000, indexed annually for growth in Part D costs. In 2021, according to the brief, 1.5 million people had OOP costs over \$2000, and people with high drug costs year after year will benefit the most from this cap.

But the brief makes clear that it will also benefit people who may have shorter periods of high drug costs. Over 6.8 million people have crossed the \$2,000



threshold at least once since Part D started in 2007. The Part D redesign will continue to help people with long-term high drug costs and with more intermittent expenses for years to come. This comes on top of other savings, many of which have **flown under the radar**, such as **vaccines without cost sharing, reduced insulin costs**, better access to "**Extra Help**," and the **drug negotiation program** that will go into effect

starting in 2026 to bring down costs for the most expensive drugs for Medicare beneficiaries.

Medicare Rights applauds these important IRA changes that will continue to lower drug costs for millions of people with Medicare. We continue to urge Congress to do even more to help people with Medicare, other coverage, or no coverage afford high-quality care.

Read KFF's new issue brief
Read more about the IRA

CMS should not be hiding Medicare and Medicaid data

Researchers are up in arms against a plan to restrict access to Medicare and Medicaid data by the Centers for Medicare and Medicaid Services (CMS), which oversees Medicare and Medicaid. The CMS plan will make it harder for researchers to access and analyze Medicare and Medicaid data as they please. This data is critical for understanding what's working and not working in our health care system for different populations and in different geographic areas, explains Ge Bai, a professor of accounting and health policy at Johns Hopkins in **Forbes**.

Medicare and Medicaid data reflects health care usage by 40

percent of insured Americans, allowing researchers to report on how well our health care system is working for different populations. But, CMS just announced that it's ending the ability of institutions to use Medicare and Medicaid data freely, easily and inexpensively. Rather, it will charge more for this data and impose many more restrictions on its use. CMS plans to begin this new policy in 10 weeks.

As it is, CMS is not collecting key Medicare Advantage data that would help researchers better understand the care people are receiving in their Medicare Advantage plans.



Bai outlines three serious implications of this new CMS plan. It will be harder for researchers to study Medicare and Medicaid, so less research will occur. This will limit government accountability and shield CMS from public scrutiny. We need external oversight to ensure CMS ensures Medicare and Medicaid are working as well as possible. External analysis of data will always add a new array of insights and solutions for improving Medicare and Medicaid and the health of older adults and people with disabilities and low incomes. It will end a lot of research by

independent entities. Already today it is too expensive for smaller entities to access CMS data. The administration will control the narrative about the data.

Cronies will benefit from requiring the purchase of data at a high price from CMS.

CMS claims that it is concerned about data breaches but has not indicated that researchers' use of the data has led to breaches. Moreover, CMS could easily do more to minimize the likelihood of breaches without restricting access to data and harming the public good....**Read More**



Social Security is facing some financial issues that need to be resolved fairly quickly to avoid benefit cuts. While those cuts aren't right around the corner, there's a chance they'll happen in about 10 years if lawmakers don't find a way to shore up the program's finances.

To be clear, **Social Security** cuts are not set in stone. But in a recent **Nationwide survey** of older Americans, only 41% of respondents expect the program to exist in its current form for the entire length of their retirement. As such, older Americans are taking steps to compensate for potential benefit cuts. Here's how.

1. Working a side job

Working a part-time job during retirement could help make up for a smaller Social Security paycheck. And you may find that you enjoy work as a retiree since it's a way to stay busy and get out

of the house.

If you're not yet retired, working a side job in addition to a primary one could also result in a nice boost to your income. That could make it easier to contribute more to a **401(k) or IRA**, thereby leaving yourself with additional retirement income.

2. Creating a budget to reduce spending

Sticking to a budget is important in retirement when you're on a fixed income. And cutting back on expenses is a great way to compensate for getting less money from Social Security.

But don't just wait until retirement arrives to start following a budget and spending more mindfully. Instead, start now -- even if retirement is pretty far off. If you get used to living below your means, you'll not only potentially have an easier time saving for retirement, but also



have an easier time living on less once that period of life rolls around.

3. Moving somewhere with a lower cost of living

The nice thing about Social Security is that it will pay you the same monthly benefit regardless of where you live. Granted, certain states **do tax Social Security**, though most don't. But otherwise, you have a prime opportunity to make the most of your benefits by moving someplace where they'll go further.

Of course, relocating as a retiree isn't always easy. It could mean giving up your social network and other comforts. While this could be a good solution for making up for Social Security cuts, it also has its pitfalls.

4. Downsizing

Many retirees and pre-retirees are able to downsize their homes because they're empty nesters at that point and don't need the extra

space. Now's a particularly good time to downsize if you have a lot of equity in your home, since U.S. property values are up. But if you're going to downsize, try to find a replacement home you can pay for in full with the proceeds of the sale of your larger home.

Right now, mortgage rates are pretty elevated. While they're likely to fall at some point, if you can downsize and set yourself up for a mortgage-free retirement, you might have an even easier time coping with Social Security cuts.

Social Security isn't guaranteed to slash benefits. Lawmakers may very well come up with a solution to prevent that from happening.

But it's actually a good thing that older Americans are taking steps to make up for Social Security cuts. While some might call that pessimistic, the reality is that people taking the steps above are going in prepared. That could spare them a world of stress down the line if those cuts occur.

Social Security Cuts Are on the Table: 3 Things To Ask Yourself Before Retiring in 2024

Once you decide to retire, your next decision will be when to collect **Social Security benefits**. The longer you wait, the higher your monthly payment.

Normally, this means you should hold off as long as possible, but things are complicated right now due to a looming Social Security **funding shortfall** that could lead to a cut in benefits.

The projected shortfall is tied to Social Security's Old Age and Survivors Insurance (OASI)

Trust Fund, which is **expected to run out of money in about a decade**. When it does, the program will be funded solely by payroll taxes, which currently cover only 77% of benefits. Some retirees could **face a cut** of more than \$17,000 a year when the trust fund is depleted, according to one estimate.

Lawmakers, politicians and policymakers have **proposed**



various reforms to fix Social Security before it runs out of money. Most focus on one of three areas: increasing Social Security payroll taxes, raising the full retirement age, or slashing benefits for the wealthy and others.

So far, none of these proposals have advanced past the idea stage, and it's uncertain when or if they will ever make it into law. But there's always the possibility

they will lead to policy changes — which means you have some thinking to do if you plan to retire in 2024.

Here's a look at three things you should ask yourself.

Should I Collect Social Security Now?

What Is My Debt/Expense Load?

How Much Savings Do I Have for Retirement?

...Read More on the above three things.

Corporate health insurers generate sizeable profits covering people with Medicare and Medicaid. Why?

Corporate health insurers are generating sizeable profits covering care for people with Medicare and Medicaid, sometimes called “dual-eligibles,” reports Caitlin Owens for **Axios**. The question is why these for-profit insurers are able to earn billions in profits from the dual-eligible population who generally need a lot of health care? Are the insurers withholding needed care inappropriately in order to pocket the money they don't spend and maximize profits?

What's noteworthy is that the largest corporate health insurers

have moved big time into the Medicare and Medicaid health care markets. They clearly see big dollar signs in the Medicare and Medicaid markets. In fact, their profits for people with Medicare are projected to be two-thirds more than their profits for working people.

Of the 65 million Americans with Medicare about 13 million have both Medicare and Medicaid. Nearly four million of them are enrolled in corporate health plans that are supposed to cater to their special needs, called Medicare Advantage



Special Needs Plans. All told, around seven million of them are enrolled in either a special needs Medicare Advantage plan or simply a Medicare Advantage plan that covers a broader array of people.

More than 11 million dual-eligible individuals have incomes under \$20,000 a year. More than five million of them have long-term disabilities and are under 65. More than three million of them have at least five chronic conditions.

McKinsey recently issued a report estimating that corporate

insurers will see their profits grow treating dual-eligibles, increasing more than 70 percent to \$12 billion over the five year period ending in 2027. Why? The government pays more to treat dual-eligibles because they have costlier health care needs. But, insurers are clearly not spending proportionally more on this population.

Profit margins are particularly high for insurers covering dual-eligibles, according to **MedPAC**, and that's especially true if the insurers attract dual-eligible enrollees who don't receive a lot of care.

How do I appeal if my hospital stay is ending too soon?

Dear Marci,

I received a discharge notice from the hospital, but I need to continue medical care. I think I can appeal but I'm not sure what to do. Please help!
-Lorraine (Buffalo, NY)

Dear Lorraine,

You're right! If you think you're being discharged from the hospital too soon, you do have the right to file an appeal.

You should've gotten a notice that explains this right titled, **Important Message from Medicare**, when you were admitted. If you were there more than 3 days, you should receive another copy of the same notice between 4 hours and 2 days before you are to be discharged.

The **Important Message from Medicare** notice will have instructions for filing a fast (expedited) appeal. This appeal

will be sent to the **Quality Improvement**

Organization (QIO), a company that is contracted to evaluate discharge appeals. For a fast appeal, you must appeal by no later than midnight on the day of your scheduled discharge. Once you file the appeal, the hospital must give you a **Detailed Notice of Discharge**, which must explain, in specific detail, why the hospital believes that Medicare coverage for your stay is ending, and that discharge is appropriate. You can also send additional information about why you, and your care team, if applicable, believe the discharge is too soon. The QIO should call you within 24 hours with their decision.

If the QIO agrees with the hospital that Medicare coverage of your hospital stay should end,



Dear Marci

you have the right to continue to appeal to higher levels of

review. If you stay in the hospital after the QIO decision agreeing with the hospital, however, you may be responsible for the full cost of your care from the date of that decision forward if you don't win at a higher level of appeal. There are five levels of appeal and instructions for the next steps are included in each decision. Keep in mind that at each level there is a separate time limit for when you must file the appeal and when you'll receive a decision.

Here are a few tips to help you succeed:

- ◆ Follow the appeal timelines for each level.
- ◆ Take good notes throughout the process & keep original copies of all documents.

- ◆ Include a letter from your doctor or other care-team member explaining why your specific circumstances require additional hospital care to support your appeal.
- ◆ Contact your State Health Insurance Assistance Program (**SHIP**) for more guidance on your appeal.

(Later appeals processes differ for Medicare Advantage and Original Medicare. For more information about higher levels of appeal if you are in a Medicare Advantage plan, see: [Medicare Advantage appeals if your care is ending – Medicare Interactive](#). For more information about higher levels of appeal if you have Original Medicare, see [Original Medicare appeals if your care is ending – Medicare Interactive](#))

Good luck!

-Marci

I Was Quoted \$7,000 Per Year for Long-Term Care Insurance. Is That Too Much?

At \$7,000 per year, or about \$583 per month, a long-term care policy like this is priced higher than average for what most people can get. **According to market data** from the American Association for Long-Term Care Insurance (AALTCI), a single male or female should pay around \$2,100 to \$3,600 per year (or \$175 to \$300 per month) for an inflation-protected **long term care insurance policy**. That said, there's a very large range related to these prices, and a number of important factors at play.

Do you have questions about long-term care planning? Speak with a financial advisor today.

What Is Long-Term Care Insurance?

Long-term care insurance is a policy that typically will pay for in-home, residential or custodial care. In practice, this insurance generally pays for either a home health aide, a stay in an assisted living facility or a stay in a nursing home for individuals in their old age. However, this can vary from policy to policy.

A typical long-term care policy does not pay for ordinary medical treatment, but it will generally cover medical treatment in the context of

your **long-term care facility**. For example, your policy would not cover an annual checkup, but it would likely cover treatment by the doctor at your nursing home.

The exact nature of coverage will depend on the style of the policy you buy. Any given policy will have a benefits cap, setting the cap on the maximum costs it will pay, after which you may have to pay out of pocket. Some policies also have duration caps, meaning they will only cover treatment for a set number of days.

Finally, some policies adjust benefits up each year, allowing the insured to account for **inflation**. For example, a policy with a 2% annual increase means that its maximum benefits will increase by 2% every year.

What Does Long-Term Care Insurance Usually Cost?

The costs of long-term care insurance depend on a number of factors, but the most important aspects of any given policy include:

- ◆ Benefits cap
- ◆ Benefits growth (if any)
- ◆ Age at which you purchase the policy
- ◆ Sex of policyholder(s)



- ◆ Duration of coverage (short-term or indefinite)
- ◆ Pre-existing medical conditions

Based on its research, the AALTCI has found that the costs for individual long-term care policies that come with inflation protection typically come out to around \$2,100 to \$3,600 per year. But these figures are for males and females at age 55, so age can play a major role in these costs. Here's some data from the AALTCI for a policy with an initial value of \$165,000 and 2% inflation growth:

- ◆ **Male, Purchased at 55:** \$1,650/year, \$137.50/month
- ◆ **Female, Purchased at 55:** \$2,725/year, \$227/month
- ◆ **Male, Purchased at 65:** \$2,600/year, \$216/month
- ◆ **Female, Purchased at 65:** \$4,230/year, \$352.50/month

Longevity and, as a result, gender is the most important pricing determinant for **long-term care policies**. Women tend to pay more because they tend to outlive men in old age.

Beyond that, while planning ahead can save on annual costs, the long-term savings are often

marginal. To see this, take these two examples. Let's say Elizabeth purchases her policy at age 55 and Rebecca purchases hers at age 65. While Elizabeth gets a less expensive premium, the extra 10 years she spends paying for insurance means that it will take until age 83 before Rebecca has spent about the same amount:

- ◆ Elizabeth
- ◆ Premium Starting at Age 55: \$2,725/year
- ◆ Total Spent by Age 65: \$27,250
- ◆ Total Spent by Age 83: \$76,300
- ◆ Rebecca
- ◆ Premium Starting at Age 65: \$4,230/year
- ◆ Total Spent by Age 65: \$0
- ◆ Total Spent by Age 83: \$76,140

In the very long term, Rebecca's policy will cost more, but it will take almost 20 years to cross that threshold. And this does not account for the opportunity cost of investments that Elizabeth could have made with the money she spent on premiums.

Who Needs Long-Term Care Insurance? ...[Read More](#)

2024: How much should you save to cover health care costs in retirement?

Medora Lee writes for **USA Today** on escalating health care costs in retirement and how much you should be saving. Understandably, what you should be saving is often out of sync with what you are able to save. One recent study found that only four in ten Americans have retirement savings.

The Employee Benefits Research Institute or EBRI estimates that \$351,000 is the average of what a couple will need to pay for health care costs in retirement, if you account for Medicare premiums, deductibles and other out-of-pocket costs as

well as prescription drug costs. And, couples might need as much as \$413,000 if they have high prescription drug expenses.

Single men will need on average \$184,000 in savings for health care and single women will need \$217,000.

These figures do not include expenses for dental, vision or hearing care or care in a nursing home or assisted living facility, which Medicare does not pay for. These expenses can easily total more than \$50,000 a year. Not surprisingly, the cost of health



care has more than doubled in the last 23 years. You could spend less on health care if you enroll in a Medicare Advantage plan, if you do not get sick. If you need complex care, you could end up spending a lot more. The data show that a 65-year old man would need \$99,000 and a 65-year old woman would need \$116,000, according to EBRI. But, EBRI is not factoring into its analysis the cost to people in Medicare Advantage plans of going out of network for care when their Medicare Advantage plan inappropriately denies care

that their doctors say they need or if their Medicare Advantage plan does not have specialists they need to see in their network. Unfortunately, a significant number of Medicare Advantage plans have been found to **inappropriately delay and deny needed care**. And, many have also been found to have **“ghost” networks**, networks that are inadequate to meet people’s complex care needs. What’s worse is that there is no way to know in advance whether a Medicare Advantage plan will meet your needs. It’s a gamble.

Social Security Expert: Proposed Bill To Cut Taxes ‘Will Go Nowhere’ Despite Claim of Saving Seniors Millions

Social Security recipients who have to **pay federal income taxes on their benefits** got a ray of hope last fall when a bill was introduced to the U.S. Senate that aimed to begin a total phaseout of those taxes. But at least one Social Security expert said the bill is likely to **go nowhere in the current political environment**.

As previously reported by GOBankingRates, U.S. Sen. Pete Ricketts (R-Neb.) in September **introduced the Social Security Check Tax Cut Act** as a way of eliminating federal taxes on Social Security benefits. The bill was modeled after a successful earlier effort to eliminate state taxes on Social Security benefits initiated when Ricketts was Nebraska’s governor.

“All Social Security benefits

should be completely tax-free. My bill helps us get there in a fiscally responsible way,” Ricketts said in a Sept. 14 news release.

A few days later, Ricketts told a group of seniors, state senators and other stakeholders that his bill would cut the federal tax on **Social Security benefits** by 20% over two years, beginning with a 10% cut in year one and increasing to 20% in year two. Under his plan, Congress could continue phasing out the tax by 10% a year and make all Social Security income tax free by 2033.

“By passing this bill, we can take the first step in boosting the retirement income of millions of seniors in Nebraska and across the country,” Ricketts said.

As it stands now, recipients must pay taxes on benefits if they



have “substantial” outside income from sources such as wages, self-employment, interest, dividends and other taxable income, according to the Social Security Administration.

Individuals with **provisional income** above \$25,000 (\$32,000 for joint filers) must pay taxes on up to 50% of their Social Security benefits. For individuals with provisional income above \$34,000 (\$44,000 for joint filers), up to 85% of Social Security is taxed.

Although Ricketts’ bill would end the taxes, it’s unlikely to succeed, according to Victoria Haneman, a professor at the Creighton University School of Law.

In an interview with Omaha’s WWT not long after Ricketts

introduced his bill, Haneman called such legislation “a little bit tiresome because it’s not new, and I mean it’s one of those things that continuously gets floated.”

The main problem, she said, is that amending Social Security requires 60 votes in the Senate — and neither political party has held 60 seats since the 1970s.

“Ricketts’ proposal will go nowhere unless it’s backed by bipartisan support, which was less of a challenge for him when he was governor in a politically conservative state,” Haneman said. “But our junior Senator may not understand now the importance of reaching across the aisle on these types of initiatives.”

Will You Lose Benefits in Your Medicare Advantage Plan?

Recent media reports of potential benefit cutbacks to Medicare Advantage (MA) plans are causing some panic among retirees with MA plans and their loved ones. But these reports are just a tad premature. The reports are based on assumptions from corporate earnings reports with strong to varying performances, coupled with the CEOs of health insurance companies stating they are keeping an eye on medical costs. Surprising to no one, medical costs are on the rise. Within hours, what started as positive earnings reports for some health insurers dissolved into grave concern about how profits

will be maintained with rising costs. The likely result, as reported in various media outlets, will be cutting retirees’ benefits in MA plans. **Whoa. That is a big leap.**

There’s nothing fundamentally different today than at any other time in the last 50 years. Companies always need to find a way to manage rising costs and maintain profits. It’s called business.

Are the Headlines an Over-Reaction?

Let’s put the brakes on for a few months, sit back, and watch as the year unfolds.



“It is certainly premature to link earnings reports with rising medical costs and conclude benefits are in danger,” Michele Lepore shared during a recent call. She is a retired

executive in the health insurance industry with expertise in Medicare Advantage plans.

“Furthermore, this haranguing over Medicare Advantage plans cutting standard guaranteed Medicare benefits is simply not right. Standard Medicare benefits cannot be reduced by Medicare Advantage Plans just to shore up insurance company profits. Medicare Advantage plans

MUST provide all Medicare required benefits as stipulated by the regulations that govern these plans,” Lepore continued.

The health insurance industry is massive with layers upon layers of complexity. Today, the largest insurance companies own multiple divisions and companies under their umbrellas. Each major insurer houses a broad group of capabilities including insurance, big data, technology, pharmacies, and compliance, along with physicians, healthcare professionals and other functions.... **Read More**



Will Your Knee Replacement Need a Second Surgery?

Increasingly, knee replacement surgeries are requiring follow-up operations when post-op complications arise.

Now, new research from the University of Texas Southwestern is illuminating whether you might fall into a high-risk category for these second surgeries.

According to the researchers, the rate at which U.S. patients who underwent **total knee replacement** required follow-up surgery is expected to rise by up to 182% by 2030.

Investigators looked at a major database containing the medical records of almost a million patients who underwent knee replacements between 2006 and 2015.

About 3.5% of those surgeries required a second "revision" surgery, the Texas team found.

Right now, "revision rates are relatively low overall, but further research is needed into additional risk factor interactions due to the significant physical, psychological and financial toll of revision surgery," study lead author **Dr. Georges Bounajem** said in a university news release.

The number one risk factor for a revision surgery: Age. Younger patients were more prone to requiring a second surgery, Bounajem's group found.

Other demographic factors



were also key, including sex (men were more prone to a second surgery than women); race (Black patients required follow-up more than whites); and location (big city patients were less prone to second surgeries than folks living in smaller centers).

A three-day hospital stay after a total knee replacement seemed ideal: Patients with hospital stays that were shorter or longer than three days also faced a higher risk for a second knee procedure, the study found.

Also, the reason for the knee replacement seemed to matter. The majority of these operations occur because of progressive

osteoarthritis of the knee. People who had their knees replaced for other reasons (arthritis linked to injury, a tumor or a condition called osteonecrosis) had higher risks for a needing follow-up operation, the researchers said.

The findings were published in the **Archives of Orthopaedic and Trauma Surgery**.

"This research helps to identify risk factors for revision surgery so patients can be better counseled on expectations with their knee replacements. It also helps surgeons identify which patients may be good candidates for surgery," said Bounajem, a professor of orthopedic surgery at UT Southwestern.

Jill Biden Announces \$100 Million for Research on Women's Health

First Lady Jill Biden on Wednesday announced \$100 million in federal funding to fuel research into women's health.

"We will build a health care system that puts women and their lived experiences at its center," Biden said in a White House **news release** announcing the initiative. "Where no woman or girl has to hear that 'it's all in your head,' or, 'it's just stress.'" Where women aren't just an afterthought, but a first thought. Where women don't just survive with chronic conditions, but lead long and healthy lives."

Biden noted that science hasn't paid enough attention to the

health conditions that many women face.

"Research on women's health has always been underfunded, many medical studies have focused on men and left women out, many of the medicine dosages, treatments, medical school textbooks, are based on men and their bodies -- and that information doesn't always apply to women," she added. "There are big gaps in research on diseases and conditions that only affect women, that disproportionately affect women, or that affect women and men differently." The funding is the first concrete



step taken as part of the **White House Initiative on Women's Health Research**, which was announced late last year, the *Associated*

Press reported. The money comes from the **Advanced Research Projects Agency for Health**, which falls under the U.S. Department of Health and Human Services.

Exactly where will the money go? The \$100 million will fund "life-changing" work being done by women's health researchers and startup companies that can't get private support for their research and development, Biden

said.

The initiative was the brainchild of a meeting she had with **Maria Shriver**, a women's health advocate and former California first lady, Biden said. During that meeting, Shriver spoke of the need for a public-private effort to close critical gaps in women's health research, Biden added.

The White House Initiative on Women's Health Research is led by Jill Biden and the **White House Gender Policy Council**.

More information

Visit the Office on Women's Health for more on **women's health**.

Faulty Pulse Oximeters Could Worsen Heart Failure in Black Patients

Pulse oximeters, devices that measure your blood's oxygen levels, are known to work less accurately in Black patients.

Now, new research suggests faulty readings might also be worsening the care of Black people who battle heart failure.

The findings could signal a needed shift in heart failure care, said senior study author **Dr. Sarah Adie**.

"For our Black patients with heart failure, we need to either measure oxygen saturation directly from the blood or use other methods to measure

hemodynamics if we are using them to guide treatment of these patients," said Adie, an adjunct clinical assistant professor at the University of Michigan College of Pharmacy in Ann Arbor.

The problems around pulse oximeters **first surfaced** during the pandemic, when experts began to notice faulty readings when the devices were used by darker-skinned patients.

Pulse oximeter readings are especially important in treating heart failure, Adie's group noted,



since they're used in decisions involving the need for potentially lifesaving heart transplants or implanted heart pumps.

"We know that Black patients are already less likely to receive heart pumps or transplants compared to their white counterparts, and these inaccurate [oximeter] readings can further widen a disparity that must be addressed by our health care system," study lead author **Dr. Scott Ketcham** said in a university news release. He's a third year fellow in cardiovascular

medicine at University of Michigan Health.

In the study, Adie, Ketcham and colleagues reviewed the medical histories of adult heart failure patients treated in Michigan's medical and surgical cardiac ICUs between 2016 and late 2022.

They found that, too often, pulse oximeters underestimated rates of heart blood flow in Black patients, and overestimated arterial resistance to blood flow -- both significant factors when doctors are deciding on how to treat heart failure...**Read More**

The Truth About Depression in Older Adults

It's not an inevitable part of getting older. Here's why it can occur and what to do about it.

Aging is a natural part of life that comes with some physical and cognitive challenges, but **depression** doesn't have to be one of them.

In fact, the majority of older adults are *not* depressed: **Research** has found that the global prevalence of depression among older adults is 35%, which means that 65% of older people *don't* have this mood disorder. In addition, among people over 65 who are living independently in the community, rates of depression are lower than in people's middle years.

"Many **older adults** are physically healthy and engaged in activities," says Stephen Smagula, an associate professor of psychiatry at the University of Pittsburgh. "They're not depressed."

However, their risk for developing depression increases when they become ill, leading to frailty and/or functional limitations.

"Depression is not part of **normal aging**," says Dr. George Grossberg, professor and director of geriatric psychiatry at

the Saint Louis University School of Medicine. "That changes dramatically when people get sick."

What Is Depression?

Depression is a serious mood disorder that can affect the way you feel, think and behave.

There are two primary types of depression:

- ◆ **Major depressive disorder.** Symptoms last at least two weeks and can interfere with someone's ability to perform everyday activities.
- ◆ **Persistent depressive disorder.** Also referred to as dysthymia, persistent depressive disorder is a milder – but longer lasting – form that persists for more than two years.

In addition, there are subtypes of depression:

- ◆ **Apathetic depression.** A form of depression that typically involves apathy, lethargy and a lack of motivation and energy. Apathetic depression is more common among older adults, Grossberg says.
- ◆ **Agitated depression.** A subtype of depression that is often driven by anxiety and



restlessness.

Symptoms of Depression in Older Adults

Depressive symptoms in older adults can be the same as depression among other people.

Common symptoms include:

- ◆ Feelings of sadness, anxiety or emptiness.
 - ◆ A persistent sense of hopelessness, guilt, worthlessness or helplessness.
 - ◆ **Irritability**, restlessness or agitation.
 - ◆ Loss of interest in previously enjoyable activities (anhedonia).
 - ◆ Decreased energy or **increasing fatigue** or lethargy.
 - ◆ Difficulty concentrating, thinking clearly or making decisions.
 - ◆ Changes in eating and/or **sleeping patterns**.
 - ◆ Thoughts about death or suicide or suicide attempts.
- "The symptoms can look different in older adults," Grossberg says. "In younger adults, insomnia can be a sign, whereas older people (who are depressed) often want to sleep

more. They find comfort in bed. And we rarely see older people who eat too much with depression. They often eat too little..."

Risk Factors for Depression in Older Adults

There are three categories of risk factors that contribute to the risk of depression in older adults: biological, psychological and social.

Biological risk factors

As people age, **inflammation** can increase in small brain vessels, which in turn raises the risk of depression, according to Dr. Lokesh Shahani, a psychiatrist and chief medical officer for the UTHealth Houston Behavioral Sciences Center.

On a neurological level, "age-related changes in brain volume, connectivity and neuroplasticity may increase vulnerability to depression in older adults," says Christopher Nguyen, director of neuropsychology and an attending geropsychologist in the department of psychiatry and behavioral health at the Ohio State University Wexner Medical Center and College of Medicine.....**Read More**

5 Healthy Aging Tips Every Woman Should Know

1. Get breast cancer screenings every 1 – 2 years

One in eight women in the United States will be diagnosed with breast cancer, making it the most commonly diagnosed cancer in women and this risk increases with age.

Mammograms are the best way to screen for breast cancer, especially during the early stages. The good news is that breast cancer can usually be treated successfully when found early. Medicare covers a free yearly mammogram screening. Learn more about **how to prepare** and what to expect during the exam.

2. Routine pap exams are the best way to detect cervical cancer. Known as the "**silent killer**," cervical cancer is one of the most common types of cancer for American women, but thanks to widespread use of the Pap test,

early detection has significantly improved and boosted U.S. survival rates.

Cervical cancer may not have any signs or symptoms, so it's recommended women ages 21 to 65 get routine test about **every three years**. Medicare covers **cervical and vaginal cancer screenings** once every 24 months or every 12 months if you are at high risk.

3. Exercise will improve your overall health. Roughly 150 minutes (2.5 hours) of **moderate exercise** a week could improve not only your physical but also **mental health**. Being active helps improve moods and reduce feelings of depression. It can also help manage diabetes, heart disease, and osteoporosis.

4. Focus on your mental health. Approximately **15% of adults**



aged 60 and over suffer from a mental illness, depression being one of the most common. There's

often confusion around **what exactly depression is**, especially since many older adults experience major changes in their life like the death of loved ones or medical problems that could cause sadness. The difference is that the feeling is only temporary. If your feelings of sadness begin to interfere with daily life and normal functioning, you may be experiencing depression. Start by speaking with your doctor and determine if a **Medicare depression screening** is right for you.

5. Healthy eating can prevent serious health conditions. Proper nutrition is essential for the body. As you get older you lose **muscle mass, bone density,**

and burn fewer calories. It takes extra effort to make up for the natural changes of your body which is why eating **high nutrient foods** make a big difference. Decreased **bone density** can result in one of the major health concerns affecting about 8 million women, **osteoporosis**, due to **calcium** deficiencies in diet.

"Take care of your body now and your body will take care of you for the long haul. When you invest in your well-being, you'll set yourself up for healthy aging success," says Gretchen Tanbonliong, Associate Director for Health & Wellness at NCOA. As a woman, you may have many responsibilities on your plate, but your health should be a top priority.

Injury recovery tips for seniors to maintain health and wellness

There is no escaping the fact that the human body changes as it ages.

Some changes associated with aging are beneficial, such as increased wisdom and knowledge from past experiences. Others, particularly changes to health and wellness, can be disconcerting.

Generally speaking, recovering from any injury can be a time-consuming process.

For those over the age of 60, the process of recovering from injury can be especially lengthy.

According to Restorative Strength, a fitness and personal training service for seniors, elderly adults generally heal from injuries slower than young people. Caring Senior Services says there are a few reasons why healing can be delayed:

•**Having diabetes** is one of the most common reasons why seniors have delayed healing. The disease can negatively impact

wound healing because elevated glucose levels narrow the blood vessels and harden the arteries.

•**The inflammatory response** in seniors drastically slows down as people age. This response is the first phase when blood vessels expand to let white blood cells and nutrients reach wounds. When delayed, the wounds heal much more slowly.

•**Reduced skin elasticity** and diminished collagen fibers in seniors can contribute to the body's tissues not being able to return to a normal state after injury.

•**Sedentary seniors** may have lost muscle mass and flexibility, which help physically active individuals regain mobility after an injury. Bones also may be more brittle, particularly if osteoporosis is present.

Although it's impossible to reverse the hands of time, there



are steps seniors can take to recover from injuries more quickly, and potentially avoid them as well.

•**Slow and steady physical activity:** Exercise, including routine strength-training activities, helps strengthen muscles and bones. According to Pioneer Trace Healthcare & Rehabilitation, when complete bed rest is not advised after an injury, getting up and moving even just a little each day can jump-start recovery. Regular activity prior to any injury also may make the body stronger and more flexible to help reduce the likelihood of injuries.

•**Maintain a positive mindset.** The mind has a role to play in injury recovery. Minimizing stress levels through meditation, and engaging in positive thinking techniques, can make healing and therapies more successful.

Reducing stress can boost the immune system, which also will offer healing benefits.

•**Improve diet.** The body needs certain vitamins and minerals to function properly. Eating a well-rounded, healthy diet can provide fuel that facilitates healing.

•**Work with a qualified professional.** Seniors should not take on exercise or recovery efforts on their own. Exercising the right way and following prescribed guidelines can speed up recovery and potentially prevent future injuries.

Recovery from injury could take longer for seniors. But with exercise, positive thinking and guidance from health professionals, there are ways to speed up the injury recovery process.

Dirty Air Could Be Raising Your Alzheimer's Risk

People exposed to high levels of traffic-related air pollution are more likely to have more amyloid plaques in their brain, a condition associated with Alzheimer's disease, a new study finds.

Seniors were nearly twice as likely to have more amyloid plaques if, in the year before their death, they lived in places with high concentrations of particle pollution caused by traffic, results show.

Those with higher exposure in the three years before death were 87% more likely to have higher levels of plaques, the researchers added.

"These results add to the

evidence that fine particulate matter from traffic-related air pollution affects the amount of amyloid plaque in the brain," said researcher **Anke Huels**, an assistant professor of epidemiology with Emory University in Atlanta. However, the findings did not prove that air pollution actually causes Alzheimer's, only that there is an association.

For the study, researchers examined the brain tissue of 224 people who donated their brains at death to contribute to dementia research. The people died at an



average age of 76. The research team measured the levels of amyloid plaques and tau tangles in the people's brains, which are two major signs of Alzheimer's.

They then looked at the amount of air pollution at the home addresses of the patients, all of whom lived in or near Atlanta.

Higher exposures to air pollution were strongly linked to more amyloid plaques, researchers discovered.

Further, the association was independent of the presence of the main gene variant associated with a higher risk of Alzheimer's

disease, APOE e4.

Those without this gene variant displayed the strongest relationship between air pollution and signs of Alzheimer's, researchers reported.

The new study was published Feb. 21 in the journal *Neurology*.

"This suggests that environmental factors such as air pollution could be a contributing factor to Alzheimer's in patients in which the disease cannot be explained by genetics," Huels said in a journal news release. "More research is needed to investigate the mechanisms behind this link."

Treating Crohn's Sooner, More Aggressively Greatly Improves Outcomes: Study

In a finding that suggests sooner is better than later, a new trial shows that giving advanced treatment early to Crohn's patients can dramatically improve their gut health.

About 80% of those who got therapy with an immune-suppressing drug called infliximab shortly after their Crohn's diagnosis experienced an improvement in their symptoms and inflammatory markers related to the disease, researchers report.

By comparison, only 15% of

patients who received conventional therapy had similar results.

"We've shown that by treating earlier, we can achieve better outcomes for patients than have previously been reported," said lead researcher **Dr. Nuru Noor**, from the University of Cambridge in the U.K.

"As soon as a patient is diagnosed with Crohn's disease, the clock is ticking -- and has likely been ticking for some time -- in terms of damage happening



to the bowel, so there's a need to start on an advanced therapy such as infliximab as soon as possible," Noor added in a Cambridge news release.

The clinical trial involved 386 patients with newly diagnosed Crohn's disease being treated in 40 hospitals across the U.K.

Crohn's disease involves inflammation of the intestines, possibly due to an autoimmune reaction. Symptoms include diarrhea, cramping, abdominal pain and fatigue, and Crohn's

causes enough intestinal damage that as many as one in 10 patients will require urgent abdominal surgery to treat their condition within the first year of diagnosis, researchers said.

Patients were assigned at random to undergo one of two treatment strategies using infliximab, which works by blocking a protein found in the immune system. It is administered through IV drip or injection....**Read More**

AI Outperforms Eye Docs in Managing Glaucoma

Artificial intelligence can match and even outperform human eye doctors in diagnosing and treating glaucoma, a new study finds.

The GPT-4 system from OpenAI did as well or better than ophthalmologists in assessing 20 different patients for glaucoma and retinal disease, researchers report Feb. 22 in the journal *JAMA Ophthalmology*.

"AI was particularly surprising in its proficiency in handling both glaucoma and retina patient cases, matching the accuracy and completeness of diagnoses and treatment suggestions made by human doctors in a clinical note format," said senior study author **Dr. Louis Pasquale**, deputy chair for ophthalmology research at the New York Eye and Ear Infirmary of Mount Sinai.

The results suggest that AI could play an important support role for ophthalmologists as they try to manage patients' glaucoma.

"Just as the AI application Grammarly can teach us how to be better writers, GPT-4 can give us valuable guidance on how to be better clinicians, especially in terms of how we document findings of patient exams," Pasquale said in an infirmary news release.

Glaucoma is notoriously difficult to diagnose. About half of the 3 million Americans with glaucoma don't know they have it, according to the American Academy of Ophthalmology (AAO).

Glaucoma occurs when fluid pressure builds up inside the eye,



damaging the optic nerve and creating blind spots in a person's vision, the AAO says.

For this study, researchers used a basic set of 20 questions about glaucoma and retina disease to test the AI program against a set of 12 attending ophthalmologists and three senior trainees.

Responses were then statistically analyzed and rated for accuracy and thoroughness.

AI outperformed eye doctors in response to glaucoma diagnosis and management, results show. For retinal disease, AI matched humans in accuracy, but exceeded them in completeness.

Advanced AI tools like GPT-4 are trained on vast amounts of data, text and images, researchers noted.

Lead researcher **Dr. Andy Huang**, an ophthalmology resident at the New York Eye and Ear Infirmary of Mount Sinai, said the results show AI can help treat eye diseases.

"It could serve as a reliable assistant to eye specialists by providing diagnostic support and potentially easing their workload, especially in complex cases or areas of high patient volume," Huang said.

"For patients, the integration of AI into mainstream ophthalmic practice could result in quicker access to expert advice, coupled with more informed decision-making to guide their treatment," Huang added.

Tips for a healthy brain

Everyone wants a healthy brain, a brain that functions well. Ayana Underwood, a neurologist, writes for **Self** on what people can do for the health of their brain.

The **National Institute on Aging** also offers tips.

You want your brain to do a good job in helping you think, learn and recall information. That's cognitive health. You want your brain to help with your motor functions, so you have good balance and can control the way you move. A healthy brain can also help you regulate your emotions. And, it can allow you to experience touch, such as pain and other physical sensations.

How can you strengthen your brain health?

Underwood explains that your brain powers all your daily activities, be it exercise, cooking, socializing or reading. Your brain literally controls your body. The question becomes how to tend to your brain so that it is as functional as possible for as long as possible.

Try new things: Engage your brain. That's how to ensure you have strong neural pathways. Learning something new and challenging requires your brain to rely on new systems, which can keep your brain healthy, possibly



even working to counter Alzheimer's disease and memory loss.

Do something

challenging: You might try learning a new musical instrument. To me, that sounds daunting. But, apparently, playing music offers extra benefits, including helping memory function and adaptive functions. You could also take up painting or dancing or learn a language or master the art of baking.

Learn a new skill to keep your mind active. You can practice your new skill as you please, but engage yourself. Do it as often as makes sense. You could see

memory improvements and feel better.

How do these mental challenges work? You build protein—a myelin sheath—around your nerves. This myelin sheath helps your brain process and send information more easily.

The **National Institute on Aging** recommends a broader approach to what you can do to improve brain health. In addition to keeping an active mind, manage your stress, keep **socially active**, be **physically active**, eat **healthy**, manage your **blood pressure**, don't **smoke** or **drink too much alcohol**.

Don't Use Smartwatches That Claim to Measure Blood Sugar, FDA Warns

Some Americans living with diabetes are using smartwatches and smart rings that claim to be able to track their blood sugar.

However, such claims from any device that does not pierce the skin are fraudulent and potentially dangerous, the U.S. Food and Drug Administration warned in an **advisory** issued Wednesday. Don't be fooled, the agency said.

"Sellers of these smartwatches and smart rings claim their devices measure blood glucose levels without requiring people to prick their finger or pierce the skin. They claim to use

noninvasive techniques. These smartwatches and smart rings do not directly test blood glucose levels," the agency said.

No such devices have ever been approved by the agency, and trusting them can be hazardous.

"For people with diabetes, inaccurate blood glucose measurements can lead to errors in diabetes management," the agency warned.

Those errors include taking the wrong doses of a drug that might send blood sugar plummeting to dangerous lows.

In other cases, "taking too much



of these medications can quickly lead to dangerously low glucose, leading to mental confusion, coma or death within hours of the error," the FDA warned.

The agency said consumers are able to buy these unapproved devices easily online. "These smartwatches and smart rings are manufactured by dozens of companies and sold under multiple brand names," according to the FDA.

"If your medical care depends on accurate blood glucose measurements, talk to your health care provider about an appropriate

FDA-authorized device for your needs," the agency said.

The FDA is also asking the nation's health care providers to warn patients of this danger.

"This safety communication applies to any smartwatch or smart ring that claims to measure blood glucose without piercing the skin, regardless of manufacturer or brand," the agency said.

The FDA added it is working to prevent the illegal marketing of these devices throughout the United States.